

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

McKesson Corporation Employees Political Fund

A.

Full Name (Last, First, Middle Initial)

Friends Of Lois Capps

Mailing Address PO Box 23940

City  
Santa Barbara

State  
CA

Zip Code  
93121

Purpose of Disbursement  
Direct Contribution

Candidate Name  
Rep. Lois Capps

Office Sought: ☒ House  
☐ Senate  
☐ President

State: CA District: 23

Disbursement For: 2010  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 905126

Date of Disbursement

MM / DD / YYYY  
07 / 29 / 2010

Amount of Each Disbursement this Period

2000.00

Direct Contribution

SUBTOTAL of Disbursements This Page (optional) .....

2000.00

TOTAL This Period (last page this line number only) .....

36000.00